

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018533

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 116Primary Registration District No. 3020Registrar's No. 118

FILED JUN 11 1962

1. PLACE OF DEATH a. COUNTY Franklin County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in lb 6 hrs.	c. CITY OR TOWN Pacific, Mo. R.R.#2
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francois Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3 mi. S.W. of Pacific,
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Robert Everett Nantz			4. DATE OF DEATH Month Day Year May 31 62		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-5-38	9. AGE (last birthday) 23	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oven-loader		10b. KIND OF BUSINESS OR INDUSTRY Bakery		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Everett Nantz		13b. MOTHER'S MAIDEN NAME Janet (Nee:Withington)	
14. NAME OF HUSBAND OR WIFE Ann Grimes Nantz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 9-55 to 8-58		16. SOCIAL SECURITY NO. 0	
17. INFORMANT Mother: Janet Nantz		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fracture DUE TO (b) Auto accident DUE TO (c) Auto accident		INTERVAL BETWEEN ONSET AND DEATH 5 h.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 30 May 62 to 31 May 62 and last saw him alive on 31 May 62 . Death occurred at 4:05 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. H. Bell	(Degree or title)	22b. ADDRESS Washington, Mo.	22c. DATE SIGNED 2 June 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-5-1962	23c. NAME OF CEMETERY OR CREMATORY St. Patrick Cemetery	23d. LOCATION (City, town, or county) Catawissa, Mo.

24. FUNERAL DIRECTOR Bell H.	ADDRESS Pacific, Mo.	25. DATE RECD. BY LOCAL REG. 6/2/62	26. REGISTRAR'S SIGNATURE Lula C. Judmann
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

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